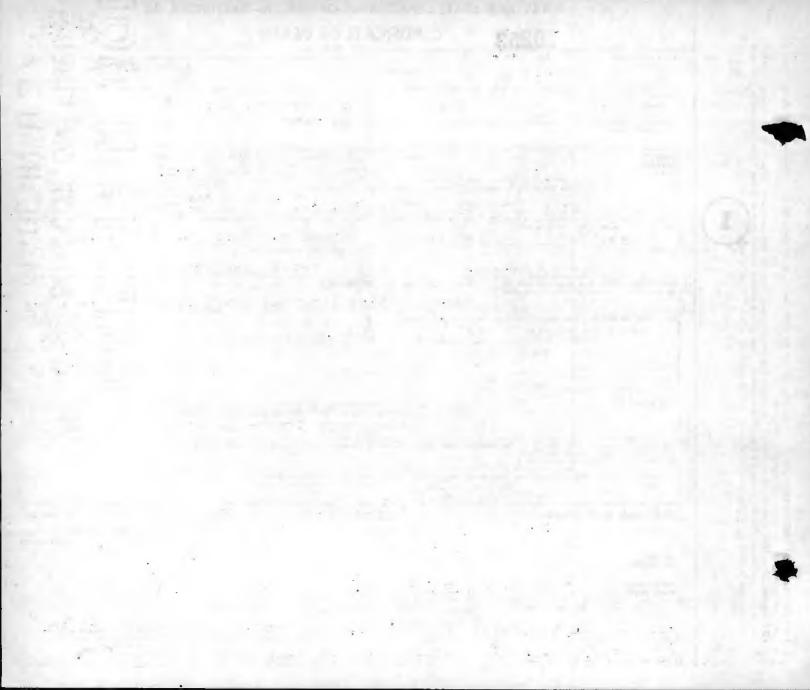
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10236

	102	53	CERTIFIC	CATE OF D	EATH		R	ــــ. .eg. Dist. No	. 0,000
PLACE OF DEATH	Garrett		MARYLAN	A STATETE -	eryland	eceased lived	. If institution: b. COUNTY	Residence before	re admission)
b. CITY OR TOWN RURAL and give n			c. LENGTH OF STAY IN 1	II X	own (If outside		mits, write RURA	AL and give nea	arest fown)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospitol, g	ive street (	oddress)	/ d. STREET AI	DDRESS			52	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	MELISS.		Middle BELLE	BOUCHER		DATE OF DEATH	Month Sept.	2 2	y Year 19 5
5. SEX Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED [		1. 1868	los		onths Doys	Hours Mic
10a. USUAL OCCUPATI during most of wor House	rking lite, even it refired	}	KIND OF BUSINESS OR IN		ACE (State or for		Pa.	U.S.	WHAT COUNTI
13. FATHER'S NAME	lter H. Bo			14. MOTHER'S	MAIDEN NAME		ter		
	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	Miss Luci	cetia E	Bouch	Address er, Gran	ntsvil	le,Md.
	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO	)	Chrone	Myrea	uditi	)		INTE	erval BETWEEN ET AND DEATH
gove rise to couse (a), stating lying couse last.	immediate DUE TO	)	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL D	DISEASE CON	IDITION GIVEN	IN PART I(o)	9. WAS AUTOP PERFORMED?
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESC	CRIBE HOW INJURY OCCU	RRED. (Enter noture of	injury in Port I	or Part II of	item 1B.)		YES NO
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	White	Not while of work	PLACE OF INJURY (F factory, street, office		f. (City or to	wn)	(County)	(Ste
21. I certify if alive an	hat I attended the	decease	-	ath accurred at	3.A.M.		auses and city or town, stot	on the date	the decease stated aba DATE SIGN
PHYSICIAN'S NAME (Type)	BH	40	KE JR.	MD	SA	LIS	BURY	PA	\
220. BURIAL, CREMATIC REMOVAL (Specify Byrial	Sept 5	1959	22c. NAME OF CEMETER Grantsvi		Grants	wille	City, town, or o	ett Co	
23. FUNERAL DIRECTOR	Rewma	n	ADDRESS Grantsvi	lle. Md.	24a. REC'D BY	REGISTRAR		AR'S SIGNATUR	

TO HOSPITAL VS A15 (4) 15M 9/5B



10237 Reg. Dist. No.

b. CITY OR TOWN (If curisde corporate limits, write RURAL and give neorest fown)  to digite neorest forest fown  to digite neorest forest forest fown  to digite neorest forest forest forest forest fown  to digite neorest forest forest forest fown  to digite neorest forest for
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  B. & O. RR. Crossing Mt. Lake Park, Md.  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  B. & O. RR. Crossing Mt. Lake Park, Md.  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  FEMALE  9. AGE (in years lead birthday)  10. USUAL OCCUPATION (Give kind of work done)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country)  5. SEX  12. CITIZEN OF WHAT COUNT USA.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH [Enter only one cause per line for (d) (b), and (c).]
B. & O. RR. Crossing Mt. Lake Park, Md.  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  WIDOWED  DIVORCED  DIV
B. & O. RR. Cyossing Mt. Lake Park, Md.  3. NAME OF DECEASED  (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Female  Month  Day  Year  10  1950  1.0  1950  1.0  1.0  1.0  1.0  1.0  1.0  1.0  1
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In your lost birthdoy)   1950
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 9. AGE in your lost birthdory) 17. Married Divorced 5/30/1947 9. AGE in your lost birthdory) Min. Power Married 5/30/1947 9. AGE in your lost birthdory) Months Doys Hours Min. 19. U.S. Age in your lost birthdory) Months Doys Hours Min. 19. U.S. CITIZEN OF WHAT COUNT SCHOOL COUNTY) SCHOOL COUNTY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT COUNTY SCHOOL COUNTY) 13. FATHER'S NAME  James Arthur Doom 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None Park, Laryl no. 18. CAUSE OF DEATH [Enter only one course par line for (a). (b). and (c). Interval belower.
Female Inite WIDOWED DIVORCED 5/30/1947 12 yrs. Months Days Hours Min.  300. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  SCHOOL CREATIN, Maryland USA  13. FATHER'S NAME  James Arthur Deem  14. MOTHER'S MAIDEN NAME  Luth Thelma Friend  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. no. or unknown)  (I've, no. or unk
13. FATHER'S NAME  James Arthur Deem  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Inc. social security NO. Inc. or unknown)  18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  19. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT U.A.  11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT U.A.  12. CITIZEN OF WHAT COUNT U.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IV. INFORMANT Address NO. 10. INFORMANT
13. FATHER'S NAME  James Arthur Deem  15. WAS DECEASED EVER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. IT. INFORMANT IT. INF
13. FATHER'S NAME  James Arthur Deem  15. WAS DECEASED EVER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. IT. INFORMANT IT. INF
James Arthur Deem  15. WAS DECEASED EVER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. IT. INFORMANT Address None Price wor or dotter of services None Ruth Deem Deer Park, Maryl no. INFORMANT Return Deem Deem Deer Park, Maryl no. INFORMANT Return Deem Deem Deem Deem Deem Deem Deem Dee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (15 yes, give were of dotes of service) none Ruth Deem Deer Park, Maryl no. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]
(Yes, no, or unknown) (If yes, give wor or dotes of service) none Ruth Leem Deer Park, Laryl no
18 CAUSE OF DEATH [Frier only one cause par line for (a) (b), and (c).]
18 CAUSE OF DEATH [Enter only one course par line for (st. (b), and (c).]
ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull Immediate
870 X DUE TO
Canditions, if any, which) (b)
gave rise to immediate couse
(a), stating the underlying DUE TO  (c) (c) (c)
PERFORMED? YES NO 5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO FOR PRIMARY DO CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTI
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not white Not white at work at work at work R Crossing Mt. Lake Park Garrett Md.
21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find the
death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
The state of the s
ACTUAL SIGNED DATE SIGNED
ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) James H. Feaster, Jr., M. D. DEPUTY MEDICAL EXAMINER 5 9-11-59
220. BURIAL, CREMATION.   22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county) (Slote)
REMOVAL (Specify)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Gerald A. Minnich Oakland, Laryland DATESEP 16'59 Cutting & Huma

VS. A15ME(5) 5M 9/55

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and the state of t	
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

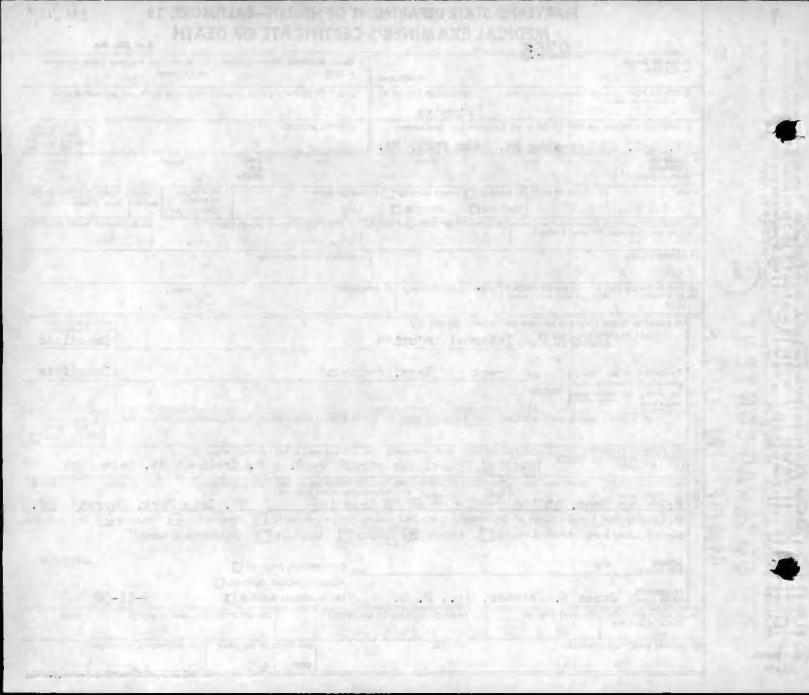
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1						Keg, Dist	. 140.		
PLACE OF DEATH			2. USUAL RESIDENCE (	Where decease			e before admission)		
Ga	rrett	MARYLAND	o. STATE Mary	land	b. COUNT	Garı	rett		
b. CITY OR TOWN	I III outside corporate limits, write RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	f outside corpo	orate limits, write	RURAL ond g	ive nearest town)		
Mt. Lake	Fark	Minutes	x Deer Par	k					
	PITAL OR INSTITUTION (If not i	n hospital, give street oddress)  Lake Park, Md.	d. STREET ADDRESS				o. IS RESIDENCE ON A FARM? YES NO (1)		
3. NAME OF DECEASED (Type or print)	Nancy	Middle Noami Dee	Last	A. DATE OF DEATH	Mont.	10	Day Year		
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	DATE OF BIRTH		P. AGE (In years	IF UNDER TY			
Female	maite woo	OWED DIVORCED	12/30/194	4	lost birthday)	Months Do	ys Hours Min.		
00, USUAL OCCUPA	TION (Give kind of work done )	Ob. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar fareign ca	untry)	12. CITIZE	N OF WHAT COUNTRY?		
Stucent	rking life, even if retired}	School	mt. Lake	rark.	Mia.	U5.	A		
13. FATHER'S NAME			14. MOTHER'S MAIDEN I						
James A	rthur Deem		Kuth Tn		riena				
	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. H	FORMANT		Address				
(Yes, no, or unknown)	[If yes, give war or dates of service]	none Ru	th Deem	Deer	Park,	Md.			
	EATH [Enter only one cause per	line for (o), (b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH		
PART I, D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	nternal injuries					Immediate		
RIOX	DUE TO		9 1 17						
Conditions, if		Immediate							
gave rise to immediate cause (o), stating the underlying DUE TO									
couse lost. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
8							YES NO		
PART II. (	CONTRIBUTING D	CRIBE HOW INJURY OCCURRED. (E				Mt. Lal	ce Park		
20c. TIME OF IN		Od. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, for	n, 20f. (City	or lown)	(Count	y) (State)		
8:24 PX		TYTHIS I TYTH WILLIAM	ory, street, office bldg., etc	* 1	Lake P	ark. Ge	rratt Md.		
	8:24 ex Sept. 10 19 50 of work of the remains described above, held an Autapsy , Inspection , Inquiry , and find that								
	A	es . Accident . Sui		-	determined	per la constante de la constan			
		7			-2.0.1.1111000 (	П.			
ACTUAL		DATE SIGNED							
SIGNATURE	1	-	_M.D. CHIEF MEDICAL E	_	П				
EXAMINER'S NAME (Type)	James H. Feast	er. Jr., M. D.	DEPUTY MEDICAL		_	9-11-	-59		
20. BURIAL, CREMA	TION, 225. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town,		(Stote)		
DUTTAL	(h) 9/12/1959	Deer Park Ce	emeterv	-	PH 1	Marvla			
3. FUNERAL DIRECT		ADDRESS		D BY REGISTR		STRAR'S SIGN			
Gerald 1	. minnien O	akland, Maryla	nd pare	1 6 '59	0.1	- 24			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is Estessory, please execute the cell bits, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction Page 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL Director: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, VS. A15ME(5) 5M 9/55

or removal.

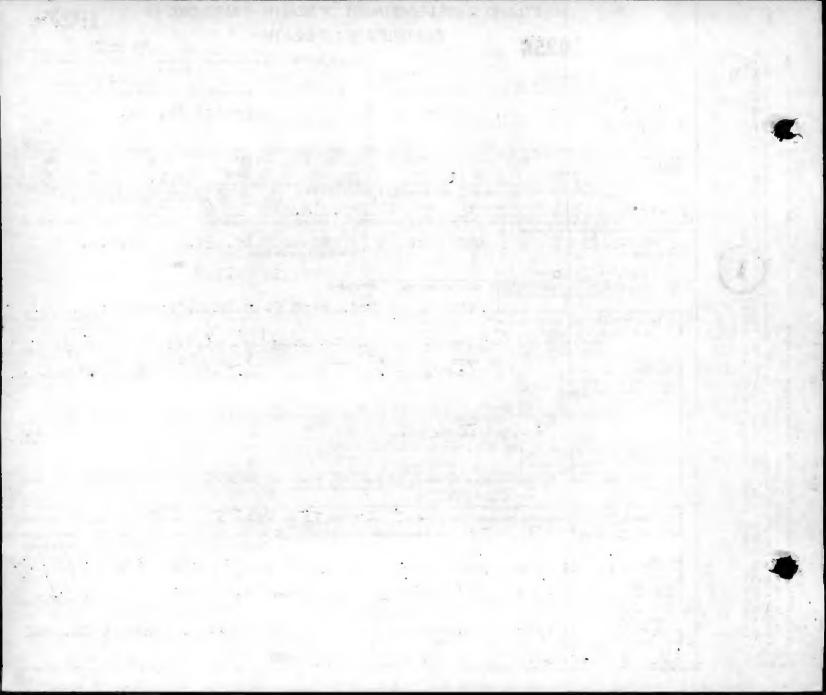


VS A15 (4) 15M 9/5B

A BYLLAND	CTATE	DEDARTMENT	OF HEALTH	DALTIMODE N	_
AKTLAND	SIAIL	DEPARIMENT	OF HEALTH-	-BALTIMORE, 11	5

CERTIFICATE OF DEATH

	10256		CERTIFIC	AIL OI DEAI		Re	eg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Garrett		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla	here decessed lin	b. COUNTY	Residence befor	re admission)
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limit rearest town)	s, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	e limits, write RURA	L ond give neo	rest town)
Rural	Grantsvill	le. ]	Life	X Rural	Grants	ville. N	٧d.	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ive street oddres	(8)	d. STREET ADDRESS				IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	RUTH	1 (	Middle OT, TVE	DURST	4. DATE OF DEATH	Month Sept.	Doy 5	y Yeor 1950
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years IF t	UNDER 1 YEAR	
Female.	White	WIDOWED 🗗	DIVORCED [	Jan. 14. 1	893	lost birthdoy) Me	onths Doys	Hours Mi
during most of wor	rking life, even if retired)			JSTRY 11. BIRTHPLACE (Stote			12. CITIZEN OF	WHATCOUNT
Fousew	lie	OWI	n home	Grantsv	pills pile pile V	Md.	U.S.A	4
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
Henr	y Patton			Molli	e Full	er		
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORG (If yes, give wor or dates of se	rvice)		INFORMANT	- 1	Address		
		nor	ne I	Mrs. Emma J	ean Lol	nr,Grant	sville	e, Ma.
Conditions, if a gove rise to couse (o), stoling lying couse lost.  Part II. OT	the under- DUE TO		IBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIVEN I	2 / 2 IN PART 1(0) 15	P. WAS AUTOI PERFORMED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION								
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work								
21. I certify the olive on	hat I attended the Sept. 3 Parget A. PAIG	1959 At	V	24, 19.55, to A h occurred at 3 2 M.D. STA		1957tho e couses ond o t, city or lown, stole selle	on the dote	
REMOVAL (Specify	0/7/50	1 0	NAME OF CEMETERY	le G	rentsvi		rett (	(Stole)
23. FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS		D BY REGISTRA		AR'S SIGNATUR	RE
MALINI X	COUNTY PILOTIN	(	rantsvil.	le . Md . DATSE	1 0 00	- 1/2/4/W/7	in / Walle	



death. Page 4

NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

RS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	()	2	4	()

	1843	4	CEKTIFIC	AIE OF DEATH	1		Reg. Di	ist. No.	
. PLACE OF DEATH b. COUNTY GAR	RETT COUNT	Y	MARYLAND	2. USUAL RESIDENCE (Who o, STATE		lived. If institution b. COUNTY Marylar	3 .	nce before or	
b. CITY OR TOWN (III	outside corporate limi		LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		~			
d. NAME OF HOSPITAL OR INSTITUTION GARRET	AL (If not in hospital, g	give street odd	U -	/ d. STREET ADDRESS  1 Mi. East			ld.	- 0	S RESIDENCE ON A FARAI?
NAME OF DECEASED (Type or print)	FRANI		Middle T	Lost FRANTZ	4. DATE OF DEATH	SEPTEME		Day 2	Yeor 19 <b>5</b> 9
SEX MALE	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH  11-28-1883		9. AGE (In years lost birthday) 75 yrs.			UNDER 24 HRS.
FATHER'S NAME WILLIAM FE WAS DECEASEDEVER	NORKER	ROAI	MAINTENANCE	14. MOTHER'S MAIDEN N ELIZA FIKI	LLE, M	ARYLAND		U. S.	A.
PART I. DEAI  422, /  Canditions, if an gove rise to in cause (a), stating to lying couse lost.	he under-		hronic Exterior	Pyelon	epsh lara	ritio lio Varan	las de	Wa Wa	Knau Unkn
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY )	S UNDERLYING []			T NOT RELATED TO THE TERMIN			EN IN PAR	P	VAS AUTOPSY ERFORMED? S NO 2
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While of work	_ Not while fo	LACE OF INJURY (Home, form, actory, street, affice bldg., etc.)	20f. (City	or lown)	(1	County)	(Stote)
alive an	at attended the	deceased , 19.5°	The state of the s	19 4, to 19 10 F h accurred at 9 10 F		the causes a set, city or town	nd on t	last saw the date s	the decease stated above DATE SIGNE
PHYSICIAN'S NAME (Type)  O. BURIAL, CREMATION REMOVAL (Specify)	1-1-	OF 2	HTON  2c. NAME OF CEMETERY C			RYLAND ON (City, town, o	or county)		(State)
BUDIAL  FUNERAL DIRECTOR'S	9/5/195	9 0	ak Grove C	OHIO GOLD		McHenr	V	Md.	
TOTAL	SIGNORE TO		Oaklan		BY REGISTI	tAR 24b. REGIS			

may be retained by the haspital or attending physician.

TO FUNERAL DIVETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please cemove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours pleas death. TO HOSPITAL OF VS A15 (4) 15M 10/57

	AT THE MULTIPLE STATE STATE OF THE STATE OF
	HITASO TO STADISTICS
THE REAL PROPERTY.	
	The second secon

Rea, Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH e. COUNTY a. STATE **b.** COUNTY MARYLAND G. Trett. b. CITY OR TOWN III outside cornorate limits, write 8URAL c. JENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give regrest town) Lake Park minutes d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO A NAME OF Middle 4. DATE Day DECEASED Friend 26 Un iles (Type or print) AL I'ew DEATH 19 0. 9. AGE Itn years IFUNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH iost burthday) Months Hours white WIDOWED | DIVORCED [ yrs. 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) . rt-time farming Farm Jaryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LULIVACI 15. WAS DECEASED EYER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. Iff yes, ever wat or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: 1. Fracture body 6th cerv. vert. 2. Compound DUE TO fracture right tibia & fibula (distal portion) 3. Devere mabrasions & contusions right skapular area of back Conditions, if ony, which gave rise to immediate cause **DUE TO** lower right thorax 4. Prob. skull fracture. (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 🔽 200. EXTERMAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) Stuck by automobile. 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Stote) factory, street, office bldg , etc.) 7:30 p.m. While Not while 9/26/ 1959 of work D of work X Mt. Lake Park Rd. Mt. Lake Park Garrett Md. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X and find that death resulted/from: Natural causes Accident X, Suicide . Homicide . Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) E. Irving Baumgartner, M.D. 9/28/59 DEPUTY MEDICAL EXAMINER K 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Greidine. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. RÉGISTRAR'S SIGNATURE Cirthur & Three 2 '59 in. ich Funcial no. a. DATECT 13 1

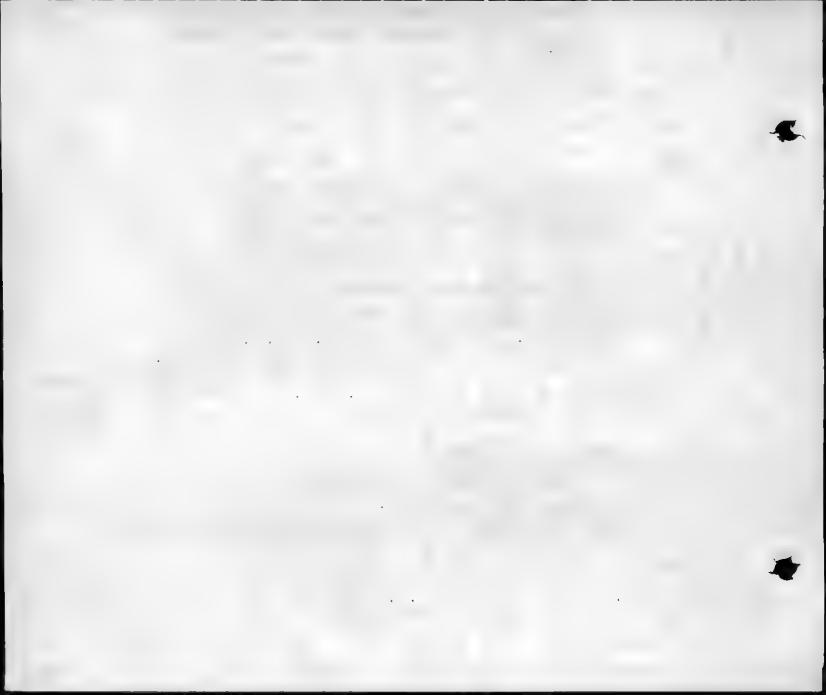
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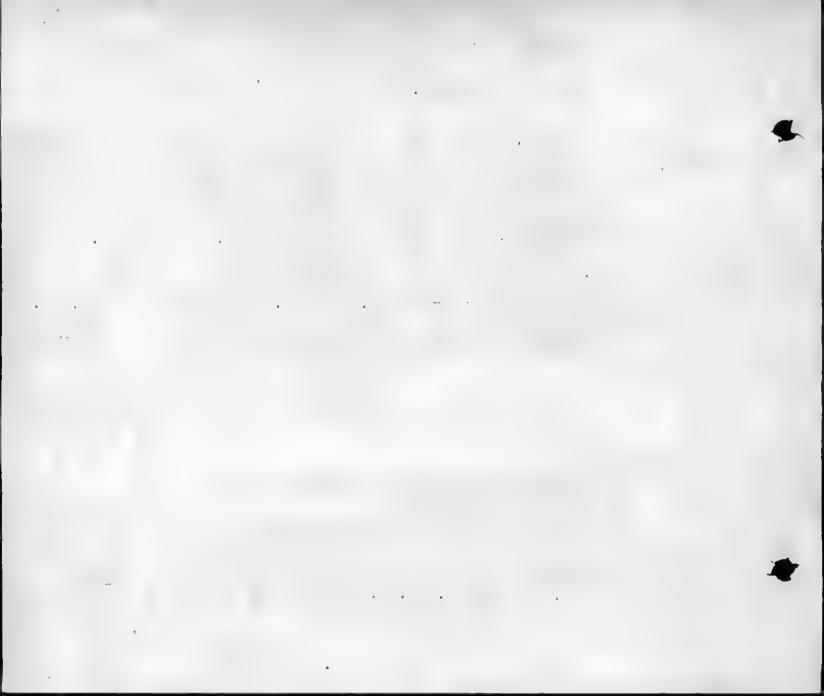
VS. A15MEISI 5M 9/55



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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			10950								Reg. I	Dist. No	).	
		HACE OF DEATH S. COUNTY Garre	tt			MARYLAND	,,	ylan		sed lived. If Inst b. COUN			fore admi	istian)
	b	ord gran record form) Oal la	outside corporate filmits, write	RURAL	one	OF STAY IN TO		TOWN (If	autside cor	porote limits, wri		nd give n	negrest to	wn)
į		NAME OF HOSPITA	ounty Ver					6 STREET ADDRESS 5 15. Fest Bloomington					ON A FARM?	
		NAME OF DECEASED (Type or print)	fin Jame			Middle Lyde	Harve		4. DATE OF DEATH	Mei Septer	_	Day 14		'ear 9 59
	5. S	ale	6. COLOR OR RACE White	7. MARRI WIDOWE			eb. 13,		8	9. AGE (In years lost bythdoy)	IF UNDE Months	R TYEAR Doys	IF UND Hours	ER 24 HRS, Min.
\	100. C (	USUAL OCCUPATION OF LINES OF L	N (Give kind of wark : life, even if revised)	1					or foreign o	, ,,,		TIZEN O		COUNTRY
/	13.	rather's NAME Tilden	R. Harve	У			Annie				-			
	JYm.	WAS DECEASED EVE	R IN U. S. ARMED FO			rity no. 17. -0430 (r	nformant s. Jame	s C.	Har:	vey Bl	Loomi	ngt	on,	1"A.
		PART I. DEAT	iole couse	•			ombosis,	acut	0				t and between and bed	
	CERTIFICATION		er significant con Known hype:	rtens	Lve						IVEN IN PA		9. WAS PERFO YES X	AUTOPSY PRMED? NO
		200 EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.  20c. TIME OF INJUR			E HOW INJUR		Enter noture of it				15	ountyl		(State)
	MEDICAL	Hour e. m. p. m.	19	While at wa	e Nolwork at wo	hile rk	tory, street, office	bldg., etc.)			•			
		ACTUAL SIGNATURE	at I took charge from: Natural	causes [	Accid	ent 📗 Su	icide [], F	iomicide Medical ex Int medica	AMINER (	ndetermined	cause	_	DATE S	find that
T)			mes H. Fe N, 225. DATE THEREC 9/17/195	F	22c. NAME C	F CEMETERY O	DEL CIT	MEDICAL E	22d. LOCA	TION (City, town			(\$tate	•)
		FUNERAL DIRECTOR	SSIGNATURE LE	i ze	ADDRES	s Oaklan	d, Md.		BY REGIST	ZEO.	SISTRAR'S SI			



VS. A15ME(S) SM 9/55

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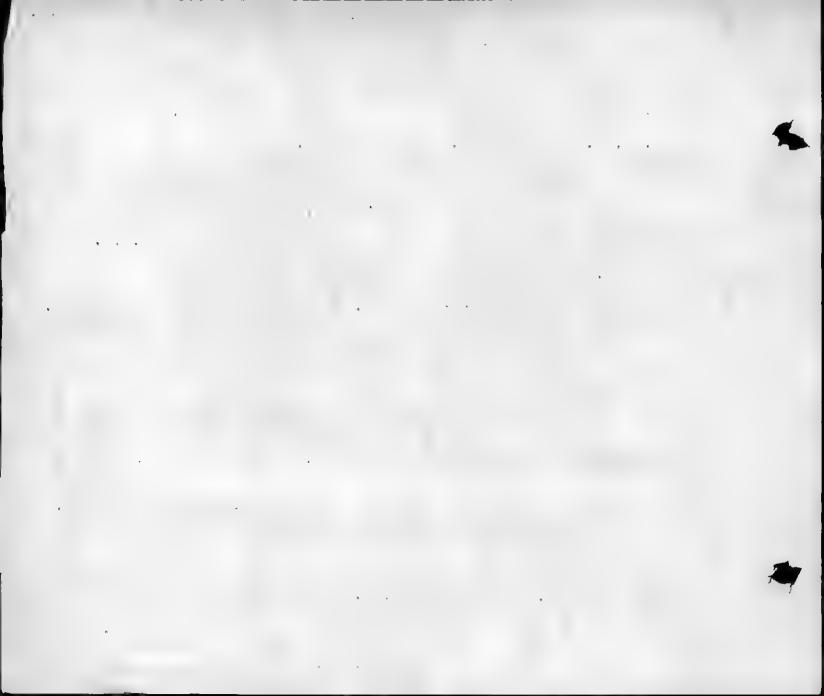
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

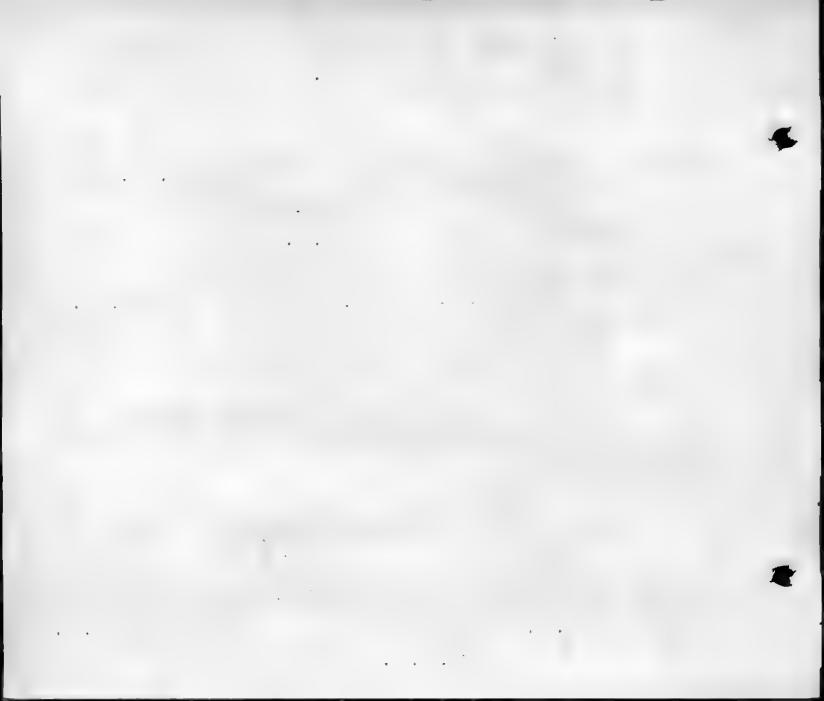
10243

Reg. Dist. No.

ì	1, P	HACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATETY I and	b. COUNTARET.	
		. CITY OR TOWN III outside corporate limits, write RURA		c. CITY OR TOWN (If outside co		~
		It. Dale Park,	minutes		r Park	disk sector south
	d	. NAME OF HOSPITAL OR INSTITUTION (IF not	in hospital, give street address)	d STREET ADDRESS		o. IS RESIDENCE ON A FARM?
		& O R. R. Crossing	, Mt. Lake Par	K 2 Mi. West		YES EN NO
		NAME OF First DECEASED Type or print)  First DeceaseD	Middle R e	Harvey Jr. DEATH	Month September	10, 19 59
	5. SI	EX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNDER	
		Male White  ww	DOWED DIVORCED A	ug. 3, 1948	yn,	Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work dane) uring most of working life, even if retired)	106. KIND OF BUSINESS OR INDUST	11. BirTHPLACE (Stole or foreign Maryland	country) 12 CITIZ U.S	TEN OF WHAT COUNTRY? ${}_{ullet}A$ .
		FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ì	I	Merle B. Harvey		Arlene Shunk		
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES, no. or unknown)   If yes, give war or doles of service		(FORMANT	Address	
	(1100)	no in the second of the second	rs Trs	. Shirley "rig	ht Deer Pe	nk, .d.
		18. CAUSE OF DEATH [Enter only one cause pe	er line for (a), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Fractured Skull			Immediate
		DUE TO				
		Conditions, If any, which) (b)				
		gove rise to immediate cause (o), stating the underlying DUE TO				
		couse lost. (c)				<u> </u>
	8	PART II, OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
	S					YES NO 🖸
	CERT	200 EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	crite how injury occurred (Eled school bus store). Park, Md.	ruck by train at	B. & O. RR C	ssing, Mt.
	MEDICAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 200. PLAC	E OF INJURY (Home, form, 20f. (Cit	y or tawn) (Cou	
, .	E G	8:24xx Sept. 10 1959	AAMIN TANKE	Crossing Mt.	Lake Pauls Co	
		21. I certify that I taak charge of		ve, held an Autapsy .	nspection <b>X</b> . Inquir	y . and find that
		death resulted from: Natural caus				
		1	I		_	
		SIGNATURE TOUSANT IN	Treater . J.	M.D. CHIEF MEDICAL EXAMINER	]	IN .
		EXAMINER'S James H. Fea	ster, Jr., M.	D . ASSISTANT MEDICAL EXAMINER		-11-59
	220.	BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		ITION (City, town, or county)	(Stote)
		REMOVAL (SPYTHY) 9/13/1959	Ferndale Cem	etery near	Oakland, Md	
	23,	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGIS	4=0	
	1	TC Leuttlon	- Oakland,	Md. DATE SEP 14	'59 Circhur &	1 Thomas







10246

Reg. Dist. No.

Gerrett County Married F. pital III. South  3. Name of Deceased (Type or print) Richard Lynn Hinkle Death South So	IDENCE FARM? NO 10 IF 59 24 HRS.
Directions,  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Genett County - Morial F. pital 11. South  3. NAME OF DECEASED (Type or print)  First Middle Lest OF First Middle Lest OF DEATH South  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH  10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITZEN OF WHAT G	IDENCE FARM? NO 10 IF 59 24 HRS. Win.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)  Gerrett County - Morial F. pital lie South  1 11. South  3. NAME OF DECEASED (Type or print)  Fint Middle Lest 4. DATE Month Day Yes (Type or print)  Richard Lynn Hinkle DEATH South  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IN 1948 IF UNDER 1948 IF	FARM? NO 10 10 59 24 HRS.
Gerrett County Minorial F. Dital III. South  3. Name of DeceaseD (Type or print) Richard Lynn Hinkle Death South Doy Yes (Type or print) Richard Never Marked II 8. Date of Birth Death South Death South Death South Death South Death South Death South Death De	10 59 24 HRS.
Color of Richard   Lynn   Hinkle   Death   Sopto   10, 19	59 24 HRS. Win.
Tale WIDOWED DIVORCED June 16, 1948 Ind building by Months Days Hours I	Viin.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Stude nt  12 CITIZEN OF WHAT C TO Select the country of working life, even if retired)	
	JUNTRY?
13. FATHER'S NAME	
Roy Olen Hinkle Norma Liller	
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (You, no, or unknown)   (If yos, give wor or dates of service)	
no Roy O. Hinkle Mt. Lake Park, Nd.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Crushed Chest  1hr 15	4
O'OX DUE TO	
Conditions, if ony, which) (b)	
gave rise to immediate couse (a), stating the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AT PERFORM YES	NO M
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 119 WAS AT PERFORM YES TO PERFORM YES TO PERFORM YES TO CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY DEC. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 119 WAS AT PERFORM YES TO PERFORM YES TO CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 119 WAS AT PERFORM YES TO PERFORM YES TO CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 119 WAS AT PERFORM YES TO PERFORM YES TO CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 119 WAS AT PERFORM YES TO P	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County)  While Not while of work of wo	(Stote)
8:24 rx Sent 10 1950 of work of work of RR CRossing Mt. Lake Park Garr. Md.	
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X., (nquiry X., and fi	nd that
death resulted fram: Natural causes Accident X, Suicide , Hamicide , Undetermined cause .	
ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	ED
EXAMINER'S James H. Feaster, Jr. M. D. DEPUTY MEDICAL EXAMINER 9-11-59	
220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
Burial / Bept. 13, 59 Cakland Commtery Oakland, Laryland.	
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Oakland, Md.  DATE GED 4 150  Oct. C.	

Vs. A15ME(5) SM 9/55



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1110 114

	10264	DICA	L EXAM	AINER'S	CERTIF	ICA	E OF	DEATH	Reg. 1	Dist. No	111.	231
E PLACE OF DEATH	2010(1)				2. USUAL RES	DENCE IN	/here decess	ed lived If inst	litution: Resi-	dence be	fore adm	ission]
= COUNTY	arrett			MARYLAND	o. STATE	ه رياله از	114	b. COU	Gr.	110	t	
	outside corporate limits, write	RURAL	c. LENGTH O	F STAY IN 16	c. CITY OR	TOWN (If	autside corp	orate limits, wr	ite RURAL of	nd give I	nearest to	(awc
and give nearest terms	Tark ROR	R CROS	SEING MA	nutes	Khur	i	er F	ar K				
	AL OR INSTITUTION (				d. STREET A						ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fin LGC		ari	oddie 1.∪l/11.	Lost Last		4. DATE OF DEATH	Me		Day L.U		Year 1959
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER A	AARRIED 📆 8.	DATE OF BIRTH			9, AGE (In years lost birthday)				ER 24 HRS.
ale	.nite	WIDOWE	D DIVO	ORCED 🔲	6/6/.	1.,40		i i yr	Months 1	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of wark	done 10b. I	KIND OF BUSINE	SS OR INDUST			or foreign c	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
Stacent	g life, even if retired)		{ C.133]	L	CTTA	ELan	u. Vii	10		UC /1		
13. FATHER'S NAME					14. MOTHER'S				***************************************			
haymona	hoffman				Je	ean l	he why					
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCE57 16.	SOCIAL SECURI	TY NO. 17. IN	IFORMANT		J	Addn	P1-5			
(Yes, no, er unknown)	(If yet, give war or dotes of	tervice)	none	ŀ.	ayrond	Hof:	faan	hurai	. Deel	r Pi	rh.	. iOle.
	TH [Enler only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE Jo)	Fro.	for (o), (b), and ctured s								RVAL BETWEET AND DE	
Conditions, if a gove rise to immed	diote couse	Brok	cen left	leg						I	mmed:	iats
САТЮ	) (c) HER SIGNIFICANT CON	DITIONS CO									PERFO	NO K
	JSE WAS NTRIBUTING [	b describ Stalle RR Cre	e How INJURY ed Schoo nasing	1 Bus 6	nter nature of injustruck b	y B.	Cor Cart III	Tralli a	t Mt.	Lake	Par	·k
20c. TIME OF INJUING HOW a.m.		or 20d. While	INJURY OCCUR	e 📿 focto	C ossin	bldg., elc.	1	or town) Lake Pai		ounty) rati	. Ma	(State)
21. I certify th	nat ) took charge from: Natural	of the	remains des	cribed abo	ve,-held an	Autops	y 🔲, li	nspection 🛽	, Inqu	iry 🕝		
ACTUAL SIGNATURE	Jan N	( )	) endin	X.	_ M. D.		AMINER				DATE	SIGNED
EXAMINER'S NAME (Type)	J <sub>ames</sub>	I. For	aster, J	r., M.	D DEPUTY		Maninex	9-	-11-59			
220. BURIAL, CREMATIC REMOVAL (Specify)	9/13, 19	59		cemetery or and Ceme			22d. tOCA	TION (City, town		! 	[510]	(0)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				D 8Y REGIST		GISTRAR'S S			
Gurate	ien	UCL	Limo,	16.1 y 1.	na	DATESE	P 1 6 '5	9 6	Inthun S.	trac	t.d.	

Dentano, elytina

VS. A15ME(5) SM 9/55

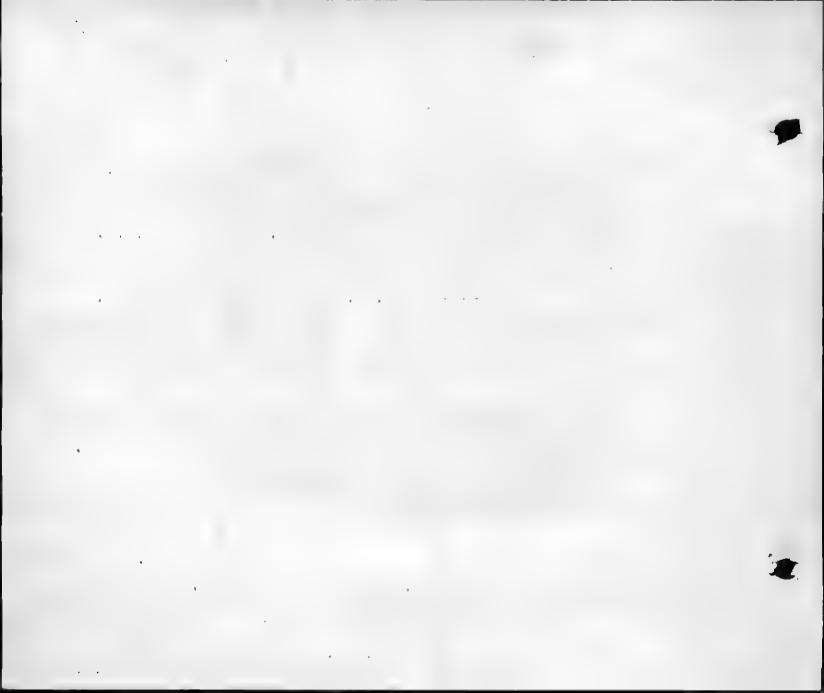


1	Ιt	em 20 Film 249 10-8-59 ams
		10265 CERTIFICATE OF DEATH  Reg. Dist. No. 10248
director	(	PLACE OF DEATH  COUNTY  CARRETT  AARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  CARRETT  ARYLAND  COUNTY  CARRETT
r deoth showed be		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give peyest from)  ANAL OF HOSPITAL (If not in hospital, give street address)  ANAL OF HOSPITAL (If not in hospital, give street address)  O. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ANAL OF HOSPITAL (If not in hospital, give street address)  O. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
× 55 ×		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS  d. IS RESIDENCE ON A FARM? YES 1 NO 1
n 24 ha		NAME OF DECEASED (Type or print)  DENISE ANN HUMBE   4. DATE OF DEATH SEPT 22 1955
d withi	5 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED \$8. DATE OF BIRTH  P AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS  FEMALE WHITE WIDOWED DIVORCED SEPT 17 1938 Winner Min
ad camp	10å	USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (STONE or Foreign country)  11. BIRTHPLACE (STONE or Foreign country)  12. CITIZEN OF WHAT COUNTRY  13. BIRTHPLACE (STONE or Foreign country)  14. SIMERSETTO PA 21. S.A.
cian or corbo	13	HARRY W. HUMMEL RHODA SHUMAKER
n certificang physics remayer 72 hours	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give wor or doles of service) NONE M. Larry W. Lammel Grantsvelle &
at within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSE! AND DEATH ONSE! AND DEATH
by the		Canditions, if any, which ) (b) Ashuatum of umutus 15 min
requires on. signed sit perm nd in a		gave rise to immediate cause (a), stating the under-lying cause last.  (c)
he law physici nas beer ial-fran naval, a	CERTIFICATION	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
tending incate hither builther		200 ACCIDENT WAS INDERLYING TO 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18)  OR CONTRIBUTING CAUSE OF DEATH I robably vomited while sleering
PHYSIC at at at his cert r use as ematian	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State factory, street, affice bldg, etc.)  4:00 pm. 9-22-59 at work at work at work . Manual control of the county of
NDING: After I ched for urial, cr		21. I certify that I attended the deceased from 29 1, 19 1, to 20 1, 19 1, that I last saw the deceased alive an 20 1, 19 1 and that death occurred at 2001M from the causes and on the date stated above
ATTE		ACTUAL SIGNATURE ACTUAL STORES (Street, cft/ 50 tolyn), stole) The DATE SIGNATURE SIGNATURE
retain RAL DIA should		PHYSICIAN'S NAME (Type)
HOSPI may be r FUNER page 3 s	220	BURIAL CREMATION, 126 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or couply) (State)  BURIAL (Specify) 9/23/59 TRINITY REFORM GRANTSUILLE CARRETT COMP
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE SEP 2 8 '59  CALLE MT)  ADDRESS  DATE SEP 2 8 '59  CALLE MT)
		NUXUVVVV



15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



or removal.

VS. A15ME(5) 5M 9/55

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10250

Reg. Dist. No.

					11					
). PLACE OF DEATH	10001				2. USUAL RESIDENCE	(Where decease			e before adn	nission)
	Garrett		MARY	LAND	o. STATE	J	P. COUNT	Udire	tt	
b. CITY OR TOWN	(If outside corporate limits, writern)	e RURAL	c. LENGTH OF STAY	IN 1b	e. CITY OR TOWN	(If outside cor	porote limits, write			own)
, - ,	e rank		Mimutes		X 086	r rell	ζ.			
d. NAME OF HOSE	ITAL OR INSTITUTION (	If not in hos		18)	d. STREET ADDRESS					RESIDENCE
	RR. Crossing	g, Mt.	Lake Park	Md	<u> </u>					NO 1
3. NAME OF DECEASED	Fir	भ	Middle		Losi	4. DATE	Month	1	Day	Year
(Type or print)	unirley		ann		ee	DEATH	É		70 .	19 50
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D 🕢 8.	DATE OF BIRTH		9 AGE [In years lost birthday]	IF UNDER TY		
remale	mnite	WIDOWED	DIYORCED		4/10,1347	7	⊥ to yes.	Months Day	ys Hours	Min.
10a, USUAL OCCUPA	ION (Give kind of work king life, even if retired)	done 10b. K	IND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Sto	la or foreign c	country)	12. CITIZEI	N OF WHAT	COUNTRY?
STUCE LET	ung me, even ir ferired)	1 5	chool		Gormania	či g tře	Va.	ULL		
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Joseph i	Lee				Evely	n Vir	inia Le	е		
15. WAS DECEASED I	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. Ib	IFORMANT		Address			
(Yes, no, or unknown)	(If yes, give wor or dates of	service)	Lone	<u>-</u> E	nry Led	Leer r		1 , (1	(,	
	ATH Enter only one cau	an man line /	for to 1 (b) and to 1	12.70						
									INTERVAL BETW ONSET AND DE	EATH
TOAT II PE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Frac	tured skul.	1					Imme	diate
X	DUE TO									
Conditions, if										
gave rise to imm (a), stating the										
couse lost.	(c)									
FART IL, O	THER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TER	MINALDISEAS	E CONDITION GIV	EN IN PART 1	o) 19. WAS	AUTOPSY
ATE										NO 📆
PART II. O  200. EXTERNAL C PRIMARY A or C CAUSE OF DEATH	AUSE WAS _ 20	b. DESCRIBE	HOW INJURY OCCU	RRED. (E	nter nature of injury in P	ort I or Port II	of item 18.1			100
PRIMARY A or C	ONTRIBUTING	talle	deschool by	us s	truck by B.	&. O.	train at	Mt. L	ake Pa	ırk
3 20c. TIME OF INJ		pr 20d. II	NURY OCCURRED  2	0=. PLAC	E OF INJURY (Home, for	rm   20f (City		(County		(Stote)
20c. TIME OF INJ	Sept.10 195	50 While	Not while	RR C	ry, street, office bidg., e	tc.)	Lake Park			
						-				
	that I toak charge				· ·	_	rspection 🛣,		K, and	find that
death resulte	d'fram: Natural	canses [	J. Accident (20)	J Suit	ode ∐, Homicio	de 🔲, Ui	ndetermined c	ouse		
	-			/					D.477	er Children
SIGNATURE	(Com (d	1.1.	at K	1.	MLD. CHIEF MEDICAL	EXAMINER [			BATE	SIGNED
			//		ASSISTANT MEDI			0-	11.50	
NAME (Type)									11-24	
	James H. Fee	aster.	Jr., M. D		DEPUTY MEDICA	L EXAMINER	8		11-59	
	James H. Fee		Jr., M. D						(Sto	te)
REMOVAL (Specif	ION, 226. DATE THEREC	)F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	TION (City, Iown, o	r county)	(Sto	te)
REMOVAL (Specific Lands)  23. FUNERAL DIRECTO	9/13/	)F		ERY OR	emetery	GOTH	FION (City, Iown, o		(Sto	le)
REMOVAL (Special	9/13/	leje	22c. NAME OF CEMETI USK GYOV ADDRESS	e C	emetery	Gora	FION (City, Iown, o	r county)	(Sto	te)

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10268 CERTIFICATE OF DEATH

Reg. Dist. No. 10251

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d NAME OF MODESTAL IT not in happing lyer street address)  JAMAGO BY STREET THE STREET STREET ON A PARM TO RESIDENCE ON A FARM TYS ON A PARM TYS ON THE STREET ON THE STRE	Oa'cland	,		_3 Yrs		Western	port.		* /	-		
NAME OF DECEASED ROBER AT Models    STATE   Models   MARTIN   DATE   Models   DATE of BIRTH   DATE   Models   DATE of BIRTH   DATE   DA	OR INSTITUTION	PITAL (If not in haspital, giv	e street (	address)							e.	
2. NAME OF PIETA STORY PROPERTY MARRIED NAME OF STEAT MARKED NAME OF STEAT MARKED NAME OF STEAT NAME	Weeks M	ursing Home				Phi	ilos	Ave.				
Type or print    ROBERT   MARTIN   DEATH   9 25 19 59	3. NAME OF							4 DATE	Mar	oth	Day	Year
S. SEK   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   B DATE OF BIRTH   9. AGE (in year)   10 UNDER 1 VEAR IF UNDER 22 HES (in third by)   10 USDACED   10 UNDER 1 VEAR IF UNDER 22 HES (in third by)   10 USDACED   10 UNDER 1 VEAR IF UNDER 22 HES (in third by)   10 UN						RTIN			9		25	19 59
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10. USAA OCCUPATION (Gree kind of work done)   10. KIND OF BUSINESS OR INDUSTRY   11. BITHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY during most of working life, even if relired)   12. CITIZEN OF WHAT COUNTRY during most of working life, even if relired)   12. CITIZEN OF WHAT COUNTRY   13. MANDER'S MADER NAME   14. MOTHER'S MADER'S MADER NAME   15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH [Enter only one course per line for (s), (b), and (c).]   19. CAUSE OF DEATH [Enter only one course per line for (s), (b), and (c).]   19. PART I. DEATH WAS CAUSED by A COULD pulmonary edems   18. CAUSE (so DEATH [Enter only one course per line for (s), (b), and (c).]   19. WAS AUTOPSY PER CONCINCIONAL SECURITY NO   19. WAS AUTOPSY PER CONCINCIONAL SECURITY NO   19. WAS AUTOPSY PER COUNTRY   19. WAS AUTOPSY PER		- ジタズのゴ 「		Aut.		June 11.	188	ŽL I	75 yrs	Months !	Doys I	Hours Min
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13. FATHER'S NAME ROBERT Martin, Sr.  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE (e)  Conditions, if any, which gave rise to immediate couse (e), stoling the underly lying couse lost.  (b)  The part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  20. ACCIDENT WAS UNDERSTRING CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  20. ACCIDENT WAS UNDERSTRING CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  20. ACCIDENT WAS UNDERSTRING CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTION CONTRIBUT		with the even in remed)	1	Jemeterv		Weste	rnna	n+ 11	24	7.7	C A	
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Jying couse lost.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   19. WAS AUTOPSY PERFORMED?   YES   NO 2   200. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH II. FEITHER, NOTIFY MEDICAL EXAMINER   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20c. PLACE OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20c. PLACE OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form, foclary, street, affice bldg., etc.)   20c. Time OF INJURY (Home, form,		immediate (									1	
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21. I certify that I oftended the deceased from 1-3-57 19 to 9-19-59 19 that I lost saw the deceased olive on 9-19-59 19 and that death occurred at//36 M, from the causes and on the date stated above ADDRESS (Street, city at town, state)  ACTUAL SIGNATURE  M.D. 58 2nd St., Oakland Md. 9-27-59  PHYSICIAN'S NAMES H. FEASTER IR. M. D.  220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, at county) (Slate)  23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE	CA.	Brone	hial	asthma, ch	iron	ic						PERFORMED?
21. I certify that I oftended the deceased from 1-3-57 19 to 9-19-59 19 that I lost saw the deceased olive on 9-19-59 19 and that death occurred at//36 M, from the causes and on the date stated above ADDRESS (Street, city at town, state)  ACTUAL SIGNATURE  M.D. 58 2nd St., Oakland Md. 9-27-59  PHYSICIAN'S NAMES H. FEASTER IR. M. D.  220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, at county) (Slate)  23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE	200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING   20 IG   CAUSE OF DEATH IY MEDICAL EXAMINER)	b. DESC	RIBE HOW INJURY OCC	CURRED	. (Enter nature of	injury in Po	ari I or Pari	Il of item 18.)			
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olive on 79-19-59, and that death occurred at 7524. M, from the couses and on the date stated obove ADDRESS (Street, city at town, state)  ACTUAL SIGNATURE  M.D. 58 2nd St. Oakland Md. 9-27-59  PHYSICIAN'S NAME (Type)  PHYSICIAN'S NAME (Type)  JAMES H. FEASTER JR. M. D.  220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. Town, at county) (State)  Philos  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	Haur a.m.	10	While at work	Not while	foci	ory, street, affice t	oldg., etc.)		•	,	/,	(3.0.0)
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ACTUAL SIGNATURE  ADDRESS (Street, city or town, state)  DATE SIGNATURE  M.D. 58 2nd St., Oakland Md. 9-27-59  PHYSICIAN'S NAME (Type)  JAMES H. FEASTER, JR., M.D.  220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  Philos  32 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	olive on 29-	19-59	12	, and that d	leath	occurred at//	1:304.	M. from	the couses of	nd on the	e date	stated shove
PHYSICIAN'S NAME (Type)  JAMES H. FEASTER, JR., M. D.  220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. Town, or county) (State)  23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	45	111	-	y y	4		A	DORESS (Sire	et, city ar town,	state)		
PHYSICIAN'S NAME (Type)  JAMES H. FEASTER, JR., M. D.  220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. Town, or county) (State)  Philos Westennort, 14d.  23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	SIGNATURE	was (a.	/_L	ale 1	N	.o5	8 2nd	i. St.	Oaklan	d. Md.		9-27-59
22c NAME OF CEMETERY OR CREMATORY READYAL (Specify) 9/29/59 Philos Westernport, 1/d. 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S NAME (Type)	JAMES H. F	EAST	ER. JR. M.								
Piriti" 9/29/59 Philos Westernbort, Md.  3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	220 BURIAL CREMATI	ON. 22b. DATE THEREOF						22d. LOCATIO	ON (City, tawn o	or county)		(Slote)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	KENIOVAL (Specif)	9/29/59		Philos								(artie)
Life all Market Md DATE CER 3 0 159	23 FUNERAL DIRECTO	R'S SIGNATURE				2	4o. REC'D	BY REGISTR	AR 24b. REGIS	TRAR'S SIGN	NATURE	
	E +150	val		Vesternoor	t. 1	Md_ G	ATE CE	p 3 n /5	9 0	-11.a B	-t-us	



#### CERTIFICATE OF DEATH 10269 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) filed N a. COUNTY b. COUNTY MARYLAND Maryland Garrett death. ero b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) ploods Bloomington Bloomington d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS ond 4. DATE NAME OF First Middle Last DECEASED ed William Dorsey Pattison DEATH September Poges (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Male WIDOWED X DIVORCED TO March 4, 1889 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Postmaster Bloomington. Md. puo 13. FATHER'S NAME physician certificate George C. Pattison Iola Kildow move. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address William DPattison Jr. Bloomington. Md. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and f(c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** requires that ģ permit. dny Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last burial-transit FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, 200 ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Port II of Item 18 ) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f (City or lown) factory, street, office bldg., etc.) Hour o.m While Not while of work of work 21. I certify that I attended the deceased from from the 19.5.7, that I last saw the deceased and that death accurred at 2 1427 M, from the causes and an the date stated above. alive an. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE shou PHYSICIAN'S Lesh. Main St. Westernport. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) Burial Philos Sept. 6.1959 Westernport. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15™ 9/55 Piedmont, W. Va. DATE SEP 1 0 59 Cothur & House

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Ren. Dist. No

Garrett

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🔲 NO 🗺

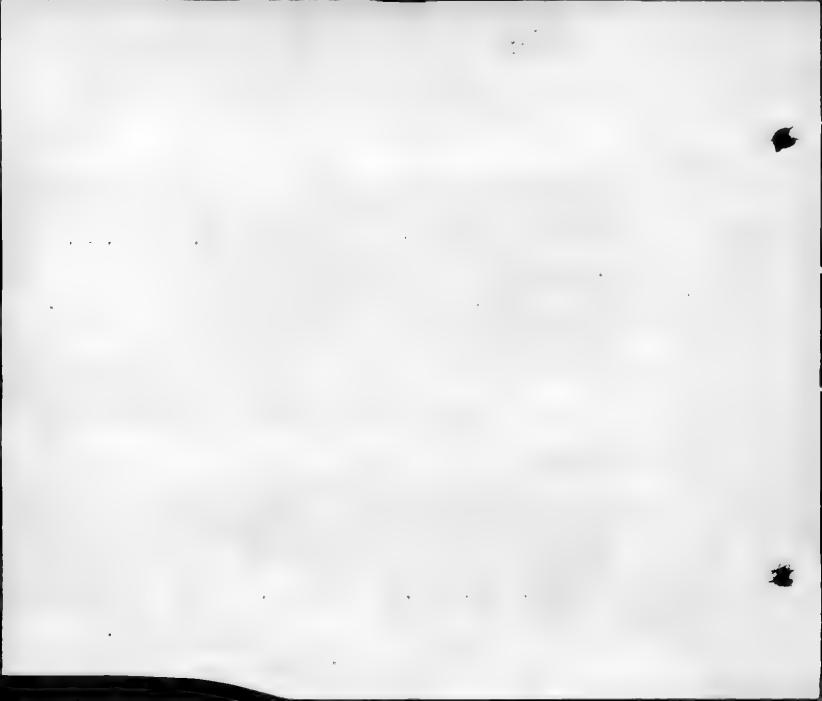
> > (State)

DATE SIGNED

(County)

e. IS RESIDENCE ON A FARM? YES 🔲 NO 🔽

Year





5M 9/55



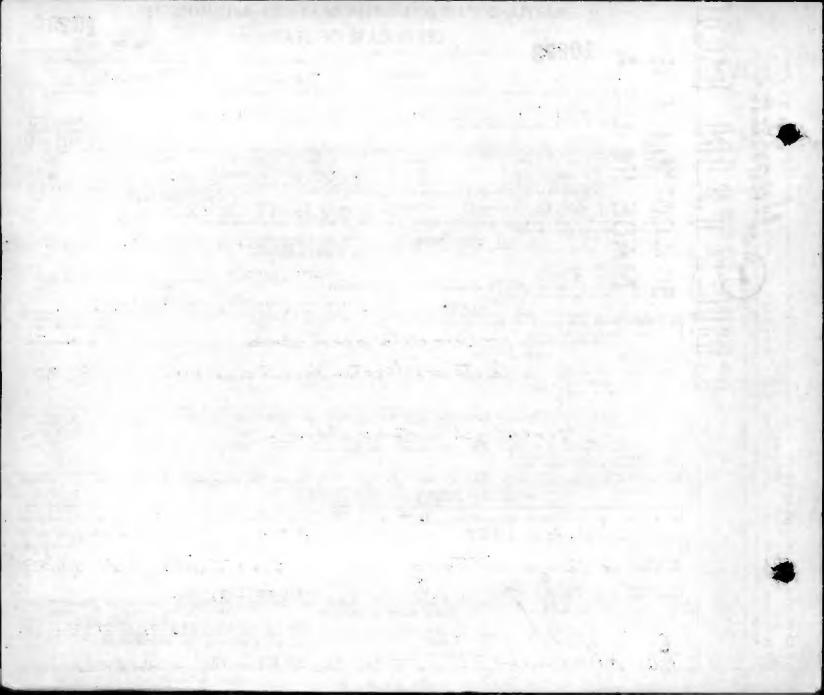


VS A1S (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
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CERTIFICATE OF DEATH

	10079	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	arrett	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylan	- b COUNTY	n: Residence before admission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, writh nearest town) VIIIe Mo	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF outside X Grantsvill	de corporate limits, write RU	RAL and give nearest town)
	ITAL (If not in hospital, give str	V	d. STREET ADDRESS	0 g 1000 s	e. IS RESIDENCE ON A FARM? YES NO F
3. NAME OF DECEASED (Type or print)	First ARMIT A	Middle MAE	WARNICK 4.	DATE Month OF DEATH Sent	Day Year 5 19 59
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	4 3 4 4 4	FUNDER 1 YEAR IF UNDER 24 HRS.
Fem-le	11.11.	OWED DIVORCED	March 1, 187	2 87 yrs.	Months Days Hours Min.
10a. USUAL OCCUPAT during most of wa HOUSEW	rking life, even if retired)	Ob. KIND OF BUSINESS OR INDU		v. Garrett	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	M. A.	
Jac	ob Gnagy		Sara Bea	chy	
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		nformant c. Bruce Warn	ick, Grants	ville. Md.
PART I. DE  420.0 Conditions, if gove rise to couse (o), stoting lying couse lost	the under-		heat block	disesse	longears
20a. ACCIDENT W	AS UNDERLYING   20b. E	NS CONTRIBUTING TO DEATH BU LESS ATTENDED DESCRIBE HOW INJURY OCCURRI	oscleracie		N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
Y 20c. TIME OF INJU	W	· ·	LACE OF INJURY (Home, form, 12 setory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify to olive on	Paige		M.D. ADE		on the date stated obove.  DATE SIGNED  THE STATE OF THE
	ON, 226. DATE THEREOF	New German	OR CREMATORY 220	E LOCATION (City, town, or Grantsville	
23. FUNERAL DIRECTO	r's signature Lewman	/Grantsville,	24a. REC'D 8	REGISTRAR 24b. REGIST	TRAR'S SIGNATURE



1	-	
	68	X
	Q.	
1		1

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Por Diet M.

10257

					Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Garrett	- U & 3	MARYLAND	2. USUAL RESIDENCE (W. g. STATE Maryland	there deceased lived. If institution b. COUNTY	on: Residence befare odmission)
b. CITY OR TOWN (If our RURAL ond give neares Oakland	tside corporate limits, write st town)	c. LENGTH OF STAY IN 16	c. city or town (if	outside corporole limits, write R	URAL and give nearest town)
OR INSTITUTION	ilf not in hospital, give street atv Memorial B		d. STREET ADDRESS Weber RA		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE Mon	1
	COLOR OR RACE 7. MARI	Swan	Weber  B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Female	White WIDOW		9/12/74	84 yrs.	
10a. USUAL OCCUPATION ( during most of working Housewi	life, even if retired)	KIND OF BUSINESS OR INDU		e or foreign country)	Inited States
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Charles A. S	wan		Julia Sa	nderson	
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	35-34-6266	NFORMANT	Clarksburg.	w. Va.
PART I. DEATH IM  Language Conditions, if ony, gave rise to immucouse (o), stating the lying couse lost.	under- (c)	Jeun er Viteriosele	ua l	crumen	INTERVAL BETWEEN ONSET AND DEATH 3 ACCUST 1853
PART II. OTHER:  200. ACCIDENT WAS U OR CONTRIBUTING U IF EITHER, NOTIFY MEE	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	/EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	NDERLYING   20b. DES CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part It of Item 18.)	
20c, TIME OF INJURY IN Hour o. m. p. m.	Month, Day, Year 20d. I White of wor	Not while fo	ACE OF INJURY (Home, fore clory, street, office bldg., etc		(County) (State)
21. I certify that alive an Sapt Sapt Signature Physician's NAME (Type)	attended the deceasember 6 19		M.D. Can		2, that I last saw the decease and an the date stated above state) DATP SIGNE
	22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	or county)
REMOVAL (Specify)	9/10/1959	Weber Cemet	erv	Oakland	Marvlanc
23. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	24a. REC	D BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE
Gerald N. Mi	innich Oakla	nd, Maryland	DATE S	SEP 1 6 '59   a	inthus de three

TO HOSPITAL OF

